

Nutrition education prinicipals

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Introduction

- Nutrition education involves teaching the client about
 - 1- The importance of nutrition,
 - 2- Providing educational materials that reinforce messages about healthy eating,
 - 3- Teaching skills essential for making dietary change,
 - 4- Providing information on how to sustain behavior change.



- Information gathered during *nutrition screening* or *assessment* will provide the necessary information on which nutrition issues need to be addressed during nutrition education and counseling sessions.



Prior to beginning the education process...

- It is helpful to
 - 1-Assess what the persons already knows about nutrition,
 - 2-How ready they are to adopt new eating behaviors,
 - 3- If there are any language or learning barriers that may need to be addressed in order to facilitate the nutrition education process.
 - 4- Once a person's motivation to make behavior change has been assessed, nutrition educators must determine the best course of action to facilitate dietary change.

Key factors

- Key factors in changing nutrition behavior are
 - 1- *The person's awareness that a change is needed*
 - 2- *The motivation to change*



Education and counseling differences

- *Nutrition education can be individualized or delivered in a group setting; it is usually more preventive than therapeutic, and there is a transmission of knowledge.*
- *Counseling is most often used during medical nutrition therapy, one on one. In the one-on-one setting, the nutritionist sets up a transient support system to prepare the client to handle social and personal demands more effectively while identifying favorable conditions for change. The goal of nutrition counseling is to help individuals make meaningful changes in their dietary behaviors.*

Common points of education and counseling

- Although there are differences between education and counseling as intervention techniques, the distinctions are not as important as the desired outcome, behavior change.
- **Behavior change requires a focus on the broad range of** activities and approaches that affect the individual choosing food and beverages in his or her community and home environment



Behavior change

- **Behavior modification implies the use of techniques** to alter a person's behavior or reactions to environmental cues through positive and negative reinforcement, and extinction of maladaptive behaviors.
- **In the context of nutrition, both education and counseling can assist the individual in achieving short-term or long-term health goals.** Education provides the knowledge and skills needed to change; counseling is aimed at the other steps shown in Figure.

Steps of behavioral change



Factors Affecting the Ability to Change..

- 1- The educator's ability to teach new information,
- 2- The counselor's ability to stimulate and support small changes.
- 3- Inability to afford nutrition counseling,
- 4- Unstable living environments,
- 5- Inadequate family or social support,
- 6- Expensive food costs,

Factors Affecting the Ability to Change

- 7-Low literacy are some of the socioeconomic factors that may be barriers for obtaining and maintaining a healthy diet.
- 8-With a population that is culturally diverse, it is imperative to appreciate the differences in beliefs or understanding that may lead to the inability to change.

Factors Affecting the Ability to Change..

- 9- The quality of the provider-patient relationship can have either a positive or a negative effect on the outcome of the sessions.
- 10- If a treatment plan is complex and not understood, decreased adherence is likely. When uncertain of comprehension, asking a few questions can be quite helpful to identify gaps in the patient's knowledge, understanding, or motivation.



Behavior Change Models

Health Belief Model (HBM)

- Cognitive factors influence individual's decision to make & maintain a specific health behavior
- Central factors:
 - Belief to which individual is susceptible to a health problem
 - Belief that specific disease can severely impact quality of life
 - Changing behavior will reduce risk of disease
 - Barriers to change are overcome with reasonable effort
 - Individual is capable of making change

HBM...

- The **health belief model (HBM)** focuses on a **disease or** condition, and factors that may influence behavior related to that disease.
- The HBM has been used most with behaviors related to diabetes and osteoporosis, focusing on barriers to and benefits of changing behaviors.

HBM

- **Perceived susceptibility:** an individual's belief regarding the chance that he or she may get a condition or disease
- **Perceived severity:** an individual's belief of how serious a condition and its consequences are
- **Perceived benefits:** an individual's belief in the positive effects of the advised action in the reducing risk or the seriousness of a condition
- **Perceived barriers:** an individual's belief about the tangible and psychological costs of the advised action
- **Self-efficacy:** an individual's belief that he or she is capable of performing the desired action
- **Cues to action:** strategies to activate one's readiness to change a behavior

Social Cognitive Theory

- **Social cognitive theory (SCT)** represents the reciprocal interaction among personal, behavioral, and environmental factors
- This theory is quite extensive and includes many variables; some of the most important to counseling include self-efficacy, goal setting, and relapse prevention.

Social Cognitive Theory

- **Personal factors:** outcome expectation, self-efficacy, reinforcements, goals and intentions, relapse prevention
- **Behavioral factors:** knowledge and skills self-regulation and control, and goal setting
- **Environmental factors:** include imposed, selected, and created environments

TTM

- The **trans theoretical model (TTM)**, or stages of change model, has been used for many years to alter addictive behaviors.
- TTM describes behavior change as a process in which individuals progress through a series of six distinct stages of change.
- The value of the TTM is in determining the individual's current stage, then using change processes matched to that stage
- Recently, however, the effectiveness of the TTM has been questioned.

TTM stages

- **Precontemplation:** The individual has not thought about making a change.
- **Contemplation:** The individual has thought about making a change but has done no more than think about it.
- **Preparation:** The individual has taken some steps to begin to make the desired change.
- **Action:** The individual has made the change and continue it for less than 6 months.
- **Maintenance:** The individual has continued the behavior for longer than 6 months.
- **Termination:** The individual no longer thinks about the change; it has become a habit.

TPB

- The **theory of planned behavior (TPB)** is based on **the** concept that intentions predict behavior.
- This theory is most successful when a discrete behavior is targeted (e.g. milk consumption), but has also been used for healthy diet consumption.

Theory of Planned Behavior

- **Subjective norms:** the people who may influence the patient
- **Attitudes:** what the patient thinks about the behavior
- **Perceived control:** how much control the patient has to change things that affect the behavior
- **Behavioral intention:** whether the patient plans to perform the behavior

Theory of Planned Behavior

